

CALIFORNIA'S HEALTH

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Reasons for Failure of a Group of Pregnant Women To Meet Recommended Food Allowances*

DOBOOTHY SPURLING, District Nutritionist, Bureau of Maternal and Child Health

This study was made to obtain specific, up-to-date information concerning food consumption practices of a group of pregnant women. Its long-term objective was to supply information for professional people working with comparable groups which would: (1) Provide a better understanding of nutritional problems and (2) increase the effectiveness of food and nutrition teaching.

The study reported here was made in the prenatal clinic of the Oakland, California, Health Department between November, 1945, and April, 1946. Reduced employment and high living costs contributed to the economic uncertainty of many families who were represented at the clinic. Housing conditions were poor and in many cases, precluded a good standard of living. In many instances, there were no provisions for food storage nor for refrigeration; cooking facilities were inadequate.

A study was made of one week's record of all foods consumed by 100 subjects of a predominantly Negro group in their second trimester of pregnancy. These records were evaluated, by a numerical scoring device, on the basis of recommended food allowances.† Evaluation showed the following results: Excellent 1; good 6; fair 21; poor 72.

REASONS FOR FAILURE

In looking for reasons for failure of this group to achieve recommended kinds and amounts of food, personal factors related to education, race, age, health

before pregnancy, attitudes toward food and toward pregnancy were investigated.

Economic factors, such as income, size of family and rent were studied in an effort to discover conditions that influenced kinds and amounts of food selected.

Environmental factors, such as California residence, living conditions, shopping facilities and facilities for preparation and storage of food, were also studied.

There was either direct or indirect evidence that many of these factors had a bearing on the kinds and amounts of foods consumed, by individual subjects. Attitudes toward food, sometimes a real or presumed dislike, and food habit patterns, accounted for limited use of many foods, notably raw cabbage, and other raw vegetables, citrus fruits and whole grain foods. Subjects liked the foods they ate, but did not dislike many that they did not eat.

Seventy-six percent of those studied were Negroes. Dietary practices and customs of their family and of past generations were followed. Many have rationalized a rooted liking for certain foods into a dislike of less familiar ones.

Lack of education was an important factor. Between 50 and 70 percent of subjects were unaware that potatoes, whole grain cereals and dried beans—to cite but three illustrations of nutritious low cost foods—

* Thesis submitted to Oregon State College in partial fulfillment of the requirements for degree of Master of Science, June, 1948.

† *The Expectant Mother*. Children's Bureau, Folder 1, U. S. Department of Labor, Superintendent of Documents, Washington, D. C., 1943.

were important. All but five persons believed that milk was an important food for everyone—an illustration of the effect of educational emphasis on a single food.

Sheer liking for individual foods appeared to be the potential guide in selection. This group was especially fond of meat; only 5 percent reported that it could not be afforded, despite high prices. In contrast, 30 percent reported that citrus fruit could not be afforded although carbonated beverages and confections appeared on their food records.

UNFAMILIARITY WITH COMMON FOODS

It was discovered that many subjects were not familiar with preparation of common foods, such as cole slaw, plain salad dressing, escalloped potatoes and many others. Pot roast with vegetables, meat loaves (not to mention those made with extenders), cheese and/or egg dishes and baked beans were not reported on any dietary. This might suggest a need for more detailed teaching with demonstrations of simple food preparation. Skill in preparing appetizing combinations might increase use of some of the less expensive and more nourishing foods.

The amount of money available for food, conditioned by income, size of family and cost of rent, appeared significant, especially in view of the fact that 42 subjects were unable to report regular incomes. Seven of the 57 subjects who reported incomes had incomes of less than \$100 per month. The maximum incomes reported by three subjects were \$200 per month. Economic conditions of the group, linked with excessively high prices mitigated against liberal consumption of recommended foods.

It can not be said that any one factor influenced all subjects in choices and amounts of foods and food groups; yet in some cases, especially in the group that received poor dietary ratings, it appeared that many subjects were hampered by several items, considered under personal, economic and environmental factors. Reasons for not meeting recommended food allowances were complex and inter-related; i.e., some subjects had low incomes, large families, poor family food patterns, meager education and substandard housing conditions.

Of the four dietary groups, the group of 72 with the poor dietary rating averaged the smallest number of servings of all foods and food groups considered. Similarly, the group of 21 whose diets were rated fair averaged smaller numbers of servings of 10 of the 14 foods and food groups than the seven with good and excellent ratings.

Examination Announcements

PSYCHIATRIC NURSING

Recently graduated nurses interested in psychiatric nursing may now apply for in-service training as a Junior Psychiatric Nurse, according to an announcement by Miss Corinne Parsons, Superintendent of Nurses at Langley Porter Clinic.

The civil service examination for this class will be given on July 28th. Also on the same date will be given an examination for Psychiatric Nurse for those who have had a year's experience in psychiatric nursing. Salary ranges are \$210 to \$255 for Junior Psychiatric Nurse and \$231 to \$281 for Psychiatric Nurse.

Employment exists at Langley Porter Clinic in San Francisco, although it is expected that psychiatric Nurse positions will be established in other state hospitals in the near future.

The last date for filing applications is July 7th. Further information and application forms may be obtained from Recruit Section, State Personnel Board, 1015 L Street, Sacramento; 107 State Building, San Francisco; or 305 State Building, Los Angeles.

SAN DIEGO DIRECTOR OF PUBLIC HEALTH

Applications are now being accepted for Director of the San Diego City-County Health Department. The position is to be filled on the retirement of Dr. Alex Lesem later this year.

All applications for the \$866-\$954 per month position must be filed by July 5, 1949. Forms for filing and other information concerning the position are available from the County Department of Civil Service and Personnel, 402 Civic Center, San Diego, California.

Candidates must have five years of experience in public health and hold M.D. and public health degrees.

PHYSICAL THERAPY

The following State physical therapist examinations are to be held on August 18, 1949; the final filing date is July 28.

Physical Therapy Technician, Grade 1

Physical Therapy Technician, Grade 2

Physical Therapist, Department of Public Health

Write or call at State Personnel Board or Department of Employment offices for further details.

Study Committee Expands

The Communicable Disease Study Committee of the California Conference of Local Health Officers has expanded the scope of its activities and will now consider the public health aspects of all disease control programs.

Deaths by Selected Cause: California

FEBRUARY, 1949		
(Exclusive of stillbirths. By place of occurrence. Provisional figures)		
Cause of death	Number of deaths	
	February	January-February
Total, All Causes	9,225	17,211

Selected Communicable Diseases

Tuberculosis of respiratory system (001-008)	222	436
Tuberculosis, other forms (010-019)	17	31
Syphilis, all forms (020-029)	58	116
Typhoid fever (040)	-	1
Diphtheria (055)	7	12
Whooping cough (056)	4	6
Poliomyelitis (080-081)	7	25
Other infective and parasitic diseases (001-138, exclusive of those above)	35	60
Influenza (480-483)	13	29
Pneumonia (490-493)	300	591

Selected Diseases Usually Chronic in Nature

Malignant neoplasms of the digestive organs and peritoneum (150-159)	467	893
Malignant neoplasms of the respiratory system (160-165)	103	219
Malignant neoplasms of the breast (170)	100	211
Malignant neoplasms of the female genital organs (171-176)	124	222
Malignant neoplasms, other and unspecified sites (140-199, exclusive of those above)	251	441
Neoplasms of the lymphatic and haematopoietic tissues (200-205)	89	168
Benign neoplasms and neoplasms of unspecified nature (210-239)	20	35
Diabetes mellitus (260)	97	170
Vascular lesions affecting the central nervous system (330-334)	943	1,746
Nephritis and nephrosis (590-594)	129	225
Cirrhosis of the liver (581)	142	303
Ulcer of the stomach and duodenum (540-541)	53	103
Hernia and intestinal obstruction (560-561, 570)	48	85
Diseases of the circulatory system:		
Rheumatic fever (400-402)	6	12
Chronic rheumatic heart disease (410-416)	157	285
Arteriosclerotic and degenerative heart disease (420-422)	2,730	5,136
Other diseases of the circulatory system (430-468)	1,079	1,918

Important Causes Limited to One Sex or Age Group

Complications of pregnancy, childbirth and the puerperium (640-689)	9	22
Diseases of early infancy:		
Birth injuries, postnatal asphyxia and atelectasis (760-762)	187	315
Diarrhea of the newborn (764)	3	9
Other infections of the newborn (763, 765-769)	38	70
Other diseases peculiar to early infancy (770-776)	141	239

Accidental and Violent Deaths

Accidental deaths, total	483	929
Motor vehicle accidents (810-835)	246	424
Other accidents (800-802, 840-965)	237	505
Suicide (970-979)	122	230
Homicide and injury purposely inflicted by other persons (980-999)	28	63

Cause of death	Number of deaths	
	February	January-February

Other Selected Causes

Congenital malformations (750-759)	114	214
All other specified causes	472	915
Senility and ill-defined causes (780-795)	4	18
Cause not assigned, query outstanding	423	708

NOTE: For code numbers following cause of death refer to the Sixth Decennial Revision of International Lists of Diseases and Causes of Death. Figures include deaths occurring in 1949.

SOURCE: State of California, Department of Public Health, Vital Statistics Records.

Rural Health Study Outline Prepared by Santa Cruz Farm Bureau

A survey form and "action guide" describing how to use it and what to do with the results have been prepared for use in community health studies by Mrs. Charles A. MacLean, Jr. on behalf of the Santa Cruz County Farm Bureau Federation.

Copies of the mimeographed outline may be obtained from Mrs. MacLean at Casa Del Oso, Davenport, California. Ask for the "Rural Health Study Outline."

The material is excellently suited for use by community groups in finding out to what extent rural health needs are being met, and to bring about needed improvement in rural health conditions.

As the introductory remarks state:

"This survey will show you whether your community measures up to desirable standards of public health. If improvement is needed, this action guide will show you how to go about getting it."

Personnel Notes

Dr. Donald G. Davy, former Assistant Chief of the Department's Venereal Disease Service, has been appointed Assistant Chief of the Division of local Health Service.

Dr. Davy's initial duties with the division will entail work in the northern part of the State.

CORRECTION IN JANUARY TABLE

Incorrect totals were given for typhoid fever, diphtheria and whooping cough in the January tabulation of causes of death. (California's Health, May 15, 1949.) Correct totals for deaths attributed to these causes in California during January 1949, are:

Typhoid fever (040)	1
Diphtheria (055)	5
Whooping cough (056)	2



A class session during the course in "Nursing Care of the Poliomyelitis Patient" conducted in Children's Hospital, San Francisco, during April. Miss Louise Suchomel, director of the course, is pictured here, second from right. (Photograph by E. S. Albee, Bureau of Health Education.)

Two-week Course on Poliomyelitis Nursing Held in San Francisco

A two-week course on the nursing care of poliomyelitis patients was conducted in the Children's Hospital, San Francisco, from April 18-30.

Instructor for the program was Miss Louise Suchomel, Orthopedic Nursing Consultant on the staff of the National Organization for Public Health Nursing. She was assisted by Mrs. Winifred Porter of the State Department of Public Health.

Lectures in the various phases of poliomyelitis nursing were given by physicians, nurses, a medical social worker and an occupational therapist.

Attending the sessions were supervisory and head nurses from these hospitals: Orange County, Fresno General, Humboldt County Community, Kern General, San Bernardino County, San Diego County, San Francisco, San Joaquin General, San Mateo Community, Santa Clara County, and Sonoma County.

The nurses in attendance will now be able to organize and direct poliomyelitis nursing programs in their own hospitals.

Arrangements for the program and recruitment of students were the responsibility of the Department's Bureau of Public Health Nursing. In several instances, local chapters of the National Foundation for Infantile Paralysis paid maintenance and travel expenses of the students. The administrators of Children's Hospital permitted use of the clinical and teaching facilities during the course. Stanford Hospital provided housing for the students at their nurses' residence.

Another New Bulletin

The first issue of *Santa Barbara County Health Bulletin*, the purpose of which "is to furnish current information, statistical and narrative, about health conditions in the county," was received in April.

To get on the mailing list write to the Santa Barbara County Health Department, P. O. Box 119, Santa Barbara, California.

Spotted Fever Vaccination Suggested for Those in Endemic Areas

Active immunization against Rocky Mountain spotted fever has been recommended by the California State Department of Public Health for persons:

1. Who are going to be working or living in endemic areas *without* rapid access to good medical care (including aureomycin or chloromycetin therapy).

2. Who will spend considerable time in endemic areas north of Lake Tahoe during the spring and up until July 1st.

(The following localities are currently considered to be endemic areas for the disease: Placer County, Nevada County, Sierra County, Plumas County, Lassen County (and Lassen Park), Modoc County, and Siskiyou County east of U. S. Highway No. 97 and Calif. No. 89.)

Tourists and other short-term visitors not exposed to ticks are normally in no danger of infection.

The recommendations were made on the basis of current knowledge concerning the ecology of the vectors involved in transmission of the disease. Further information may be obtained from Dr. A. C. Hollister, Chief, Acute Communicable Disease Service, State Department of Public Health, 2180 Milvia Street, Berkeley, California. (Telephone: Berkeley 7-7203.)

Television Series Started

Films from the motion picture library of the State Department of Public Health will be presented in a weekly television series which began Wednesday June 1st at 7.30 p.m., over Station KPIX, San Francisco.

The programs, sponsored jointly by the State and San Francisco Departments of Public Health, is the first television venture of either agency. Arrangements for the series were made by the health education units of the two departments.

Merced County Dental Clinic Opens

A new Children's Dental Clinic was dedicated in Merced County during April.

The clinic is located on the grounds of the county health department. Necessary dental equipment was furnished by the Kiwanis Club of Merced County.

Eleven local dentists will provide dental care for the needy children of the county on a voluntary basis. Funds for a dental hygienist to implement the work of the professional personnel are being provided by the local department of education.

Field Training Stations for Health Educators, P.H.N.'s Chosen

Nine of California's local health departments have been selected as field training stations for public health education and/or public health nursing students.

HEALTH EDUCATION

Health education students who have completed one year of graduate academic work will undertake field training this summer in the health departments of Sacramento City, San Francisco, San Jose, Santa Barbara County, Los Angeles City and Los Angeles County.

In addition, students from the present University of California class will receive training at Seattle and Denver.

Carrying out State Department of Public Health responsibilities in the field training program will be the task of Mr. Levitte Mendel, Consultant in Health Education, State Department of Public Health. Mr. Mendel, who recently joined the state staff, has been chief health educator of the San Jose City Health Department for the past three years.

PUBLIC HEALTH NURSING

The public health nursing students, whose training will begin in September, will be assigned to health departments of Alameda County, Marin County, San Francisco, Santa Barbara County and Santa Clara County.

Industrial Health Survey Made in San Diego County

At the request of community groups, the State Department of Public Health's Bureau of Adult Health is taking part in a survey of industrial health facilities and needs in San Diego County.

The survey is being carried on in cooperation with the local health department and medical society, the State Department of Industrial Relations' Division of Industrial Safety, and the U. S. Public Health Service.

A ten man survey team including physicians, nurses, engineers and chemists and sanitarians are assigned to the project.

Almost five hundred manufacturing, service and agricultural facilities are being studied. Medical information relating to the problem is also being solicited from all physicians in the city and county.

Results of the survey will be used to determine what kind of local industrial health services are needed in the county.

Joint Committee Recommendations on School Nutrition

A recommendation that beverages which contain added sweetening should not be made available in schools during the time classes are in session was adopted by the California Joint Committee on School Health at its May meeting.

The recommendation was one of a series approved by the State Health and Education Departments' committee on the suggestion of a recently established Subcommittee on Nutrition and School Lunch.

The complete list of recommendations officially endorsed by the joint committee follows:

During the time classes are in session, it is recommended that:

(1) Only those accessory beverages which have real health and nutritional value should be offered in elementary and high schools, such as noncarbonated whole fruit juices and pasteurized milk. Beverages which contain added sweetening should not be offered.

(2) Such items as fruits, dried fruits, nuts, plain unsweetened popcorn, and ice cream should be offered instead of candy.

(3) Foods and beverages should not be made available to students except at a regular meal time, unless provision is made for a nutritional program to be carried on at mid-morning or mid-afternoon.

(4) In both elementary and secondary schools, the lunchroom should be supervised by certificated personnel, and efforts should be made to encourage students to select a balanced lunch.

(5) The balanced lunch, priced as a unit, should be featured.

(6) Where a la carte selection of food is allowed, supervision should be maintained to encourage a good selection by each student.

(7) Our primary concern should be with the adequate feeding of children, and if special dishes are provided for teachers, it should not be at the expense of an adequate lunch to the children, either in terms of a higher charge to children or at a reduction of food values.

(8) Whenever possible, there should be a "food handlers" course offered to lunchroom personnel. In districts where there is a local health department, the course may be provided by this department. In areas where there is no local health department, the State Bureau of Sanitary Engineering of the State Department of Public Health should be contacted.

The Subcommittee on Nutrition and School Lunch is composed of representatives from the State Departments of Public Health and Education and local school districts.

Mr. James Hemphill, Supervisor, School Lunch Program, State Department of Education is chairman. Other members are:

From State Department of Education

Miss Bertha Akin, Chief, Bureau of Homemaking Education; Mrs. Cecyl N. Havelin, Consultant, Health Education; and Miss Kathryn I. Sheehan, Nutritionist consultant, School Lunch Program.

From State Department of Public Health

Miss Margaret Cree, School Health Nursing Consultant, Bureau of Maternal and Child Health; Mr. Donald Helgren, Consultant in Sanitation, Division of Local Health Service; Dr. Hugo Kulstad, Chief, Bureau of Dental Health; Dr. David Van der Slice, School Health Consultant, Bureau of Maternal and Child Health; and Miss Helen B. Walsh, Supervising Nutritionist, Bureau of Maternal and Child Health.

From Local Schools

Mr. A. R. Amerman, District Superintendent, Isleton Elementary School; Mr. Marion McCart, Principal and Superintendent, Yuba City High School; and Clifford M. Davis, Supervisor, Student Body Services Branch, Los Angeles City Board of Education.

Meat Company Owner Sentenced for Horsemeat Sales

The Bureau of Food and Drug Inspections, State Department of Public Health, has completed the first phase of an extensive investigation of horsemeat sales in California.

The investigation, conducted in cooperation with a number of official agencies and private citizens, resulted in the conviction of James Amodeo, owner of the J. F. A. Meat Products Company, to a year in the Los Angeles County jail for the illegal sale of horsemeat for human consumption. Similar counts against the defendant are filed and awaiting trial in Kern, Fresno, and Orange counties.

The activities of this particular company covered a wide area of Southern California. Presence of horsemeat in ground beef was first noted early in the year by a member of the Orange County Health Department. The meat was quickly traced to the J. F. A. company and further study showed the case to be no mere isolated instance. As the case proceeded, further evidences of adulteration were found, and at one time over 20,000 pounds of the meat company's product were under quarantine.

"Parents have a prior right to choose the kind of education that shall be given to their children."—United Nations Universal Declaration of Human Rights.

"Everyone has the right to participate freely in the cultural life of the community, to enjoy the arts, and to share in scientific advancement and its benefits."—United Nations Universal Declaration of Human Rights.

Role of the Chemist in Industrial Health Programs

The role of the chemist in the work of the State Department of Public Health's Bureau of Adult Health has many aspects. The chemist must be familiar with manufacturing processes in a myriad of industries throughout the State. Knowing the processes and the materials used, the chemist can select the means for collection of the toxic material and can advise the engineers as to the collecting medium, the length of sampling time required to obtain an adequate sample for analysis, and the precautions to be used in the sampling and returning the sample to the laboratory.

The amount of material in the workroom atmosphere that constitutes a health hazard in most cases is extremely small. The chemist must develop methods that are very sensitive to determine accurately these amounts and then he must use extreme care in his analysis to avoid contamination from without and to get precise results on the minute quantities.

Industrial hygiene being a comparatively new field, many tests require special apparatus for the collection or the analysis of the toxic material. If this apparatus is not available, the chemist must be able to improvise it.

Once the analysis has been completed and the amount of toxic material has been determined, the chemist must assist the engineer and the physician in interpreting the results and assist in the methods of control. A great deal hinges on the results obtained in the laboratory as recommendations for controls which may entail the expenditure of considerable sums of money by the plant management are based on the laboratory findings.

MUST KEEP ABREAST OF NEW DEVELOPMENTS

Industry is constantly introducing new chemicals and new processes. The industrial chemist must keep abreast of the literature and must anticipate how the new materials will affect the health of workmen handling them.

The chemist must be familiar with the new instruments that are coming on the market and determine in what way they can be used in the field of industrial hygiene. When the bureau obtains one of these instruments, the chemist must be able to use it on the usual methods of analyses for which it is adapted and then to try to expand its usefulness to other materials and methods.

The chemical staff of the bureau, besides furnishing technical advice in the field of chemistry to other members of the staff, act as consultants to other bureaus, to local health personnel, to industry, and to commercial laboratories in the field of industrial hygiene.

Poliomyelitis Subject of Marin County Jury Trial

The epidemiology of poliomyelitis became the subject of courtroom debate in Marin County recently.

A citizen of Mill Valley brought suit against that city charging that sewage which had backed up into his basement was the direct cause of the poliomyelitis infection contracted by his child in 1945.

The jury decided against the plaintiff, upholding the city's argument that there is no evidence to show that sewage can serve as the transmission medium for poliomyelitis virus. The city also claimed that the obstruction causing the sewage back-up had been freed before onset of infection.

Ten thousand dollars in damages was sought by the father.

Dr. W. McD. Hammon, University of California scientist, and other epidemiologists and clinicians presented current knowledge of poliomyelitis epidemiology during the trial.

Dental Trailer for Sonoma County

The ninth dental trailer to be put into operation by the State Department of Public Health was officially delivered to the Sonoma County Health Department in April by the Bureau of Dental Health.

The trailer will be used in the local health department's rural dental health program.

And to make sure the trailer can get where it's going, the county board of supervisors provided a new "pick-up" truck.

Mussel Quarantine on Again

The annual quarantine on mussels went into effect Sunday, May 1st, and will extend until October 31st along the entire California coast, including the San Francisco Bay shore.

The quarantine is enforced by health departments to save human lives. During summer months the edible flesh of mussels becomes poisoned by a deadly toxin for which there is no antidote.

The shellfish may be used or sold for fish bait only if they are broken open and soaked in a 50 percent solution of salt and water or a 2 percent solution of formaldehyde. The containers in which these processed mussels are placed must be labeled "For Fish Bait Only—Unfit for Human Consumption."

Clams are also affected by feeding on the same toxic organism which poisons the meat of mussels. The dark meat of clams should not be eaten in summer, but white meat is safe if thoroughly washed.

Vital Statistics of Importance to Individual and Society

The registration of vital events—births, deaths, and marriages—serves a two-fold purpose. First such records are of value to the individual as legal proof of the time, place of occurrence and particulars of the event. The use of such proof has become so common that it is often impossible to enter school, employment or military service, marry, leave the country, collect old-age benefits, or, in the eyes of insurance companies, even die without it. Second, such records are of value to society as vital statistics, which, together with the census, have been called a system of "vital bookkeeping." Almost every institution, governmental agency or private industry has daily occasion to refer to these records or studies made from them.

In spite of the obvious advantages to a nation of knowing the status of its human resources, governmental responsibility for registration is a recent development. Until the last century, records of vital events were considered of purely personal or religious interest. Until the last generation the household Bible fly-leaf contained the family history.

Fragmentary records were kept by the churches during the Middle Ages, and in 1538 Henry VII ordered that exact entries of all baptisms, weddings and funerals be made in the church registers. In 1662 vital statistics were compiled for the City of London in a report which aroused a great deal of interest. Other literature makes a reference to publish "bills" or lists of the dead which were posted during the Great Plague.

Of modern nations, Sweden lays claim to the longest unbroken series of vital statistics. In 1741, registration of births, deaths, and marriages were begun; a census has been taken every year since 1749. One of the most important influences affecting modern vital statistics in Europe was the widely-adopted Civil Code of Napoleon. With an eye to the number of men available for military service, the Code made mandatory the recording of all births and deaths with the mayor of the city in which the event occurred. Severe penalties were provided for noncompliance, and, from a legal standpoint, a person whose birth was not declared did not exist.

REGISTRATION FUNCTION OF STATES

Under the American system, where registration is a function of the individual states, national vital statistics have been a very recent development. There is still considerable variation in registration practices throughout the nation. The national registration area for deaths was initiated in 1880. The Bureau of the Census required that in order to enter the area, a state must have satisfactory laws and 90 percent complete-

California Morbidity Reports—Selected Diseases—Civilian Cases

Total Cases for April and Total Cases for January Through April, 1949, 1948, 1947 and 5-Year Median (1944-1948)

Selected diseases	Current month				Cumulative			
	April				January through April			
	1949	1948	1947	5-yr. median 1944-1948	1949	1948	1947	5-yr. median 1944-1948
Chickenpox (varicella)...	7,142	7,054	6,796	6,796	27,346	23,059	22,510	22,510
Coccidial granuloma...	7	5	13	-----	27	19	26	-----
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)...	1	3	4	-----	3	7	8	-----
Diphtheria...	35	31	73	74	172	214	378	452
Dysentery, bacillary...	19	24	11	-----	95	101	45	-----
Eccephalitis, infectious...	2	0	5	4	15	9	18	18
Epilepsy...	190	130	175	-----	801	661	615	-----
Food poisoning...	38	15	41	-----	182	41	157	-----
German measles (rubella)...	4,175	682	358	-----	12,792	1,715	1,032	-----
Influenza, epidemic...	78	135	209	135	578	14,345	571	10,574
Jaundice, infectious...	60	3	16	-----	196	31	48	-----
Malaria...	1	0	10	0	10	14	41	38
Measles (rubella)...	8,275	14,684	1,050	14,684	28,502	31,211	3,532	30,701
Meningitis, meningococci...	23	22	33	22	126	173	129	272
Mumps (parotitis)...	5,555	4,662	2,659	4,662	20,355	13,150	8,028	13,150
Pneumonia, infectious...	154	174	184	184	730	841	874	1,190
Polio-myelitis, acute anterior...	30	9	34	15	349	53	207	80
Rabies, animal...	18	26	32	53	84	127	111	158
Rheumatic fever...	45	72	107	-----	241	320	321	-----
Scarlet fever...	338	365	637	746	1,724	1,654	2,498	3,567
Streptococci sore throat...	81	44	79	-----	295	237	263	-----
Smallpox (variola)...	-----	-----	-----	0	-----	-----	-----	3
Tuberculosis:								
Pulmonary...	697	628	1,069	687	2,800	2,717	3,138	2,561
Other forms...	52	43	59	43	151	184	201	184
Typhoid fever...	3	9	12	19	31	44	31	44
Typhus fever...	1	2	-----	-----	1	5	10	-----
Undulant fever (brucellosis)...	13	10	33	18	31	36	87	77
Whooping cough (pertussis)...	211	418	1,345	418	971	1,830	3,110	1,830
Veneral diseases:								
Chancroid...	46	41	54	-----	207	167	233	-----
Gonococcus infection...	1,584	2,231	2,823	2,231	8,102	9,142	11,247	9,142
Granuloma inguinale...	2	4	9	-----	11	19	32	-----
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)...	15	31	23	-----	81	106	83	-----
Syphilis...	1,106	1,512	2,096	2,078	5,309	6,182	8,556	8,556

ness of registration. A similar birth registration are was established in 1915. Today, the 48 states, the District of Columbia, four cities having independent registration systems, Alaska, Hawaii, Puerto Rico and the Virgin Islands form the 57 registration areas.

No actual certificates are kept in Washington, but microfilm or transcripts are forwarded by each registration area so that statistical studies may be made by the National Office of Vital Statistics.

